

# **Michigan Department of Community Health**

## **Comprehensive All Hazard Public Health Emergency Response Plan and Annexes**

### **Executive Summary**

**Version 1.0**

This plan developed and maintained as required by Act 390, PA of 1976 and as referenced in the Michigan Emergency Management Plan is hereby approved and current for the Michigan Department of Community Health. MDCH staff and contractors shall follow the systems, assignments, protocols, and procedures contained herein, to the extent practical, when responding to disasters, emergencies or providing supplemental relief assistance in support of local governments and agencies.

## Introduction

**Purpose:** The Michigan Comprehensive All Hazard Public Health Emergency Response Plan describes the concepts and structure under which the Michigan Department of Community Health will operate in terms of prevention and mitigation activities, preparedness, response, and recovery from a public health emergency.

**Background:** Michigan is a diverse state geographically, demographically, and economically. Michigan is divided into the Upper and Lower Peninsulas, surrounded on three sides by the Great Lakes, and shares an international border with Canada. A population of over 10,000,000 makes it the eighth most populous state in the nation. The population is concentrated in the southern part of the Lower Peninsula. The northern portion of the state is primarily rural. Michigan has large manufacturing and agricultural bases.

Public health responsibilities in Michigan are a joint function of local health departments and the Michigan Department of Community Health. Michigan's 45 local health departments have primary jurisdiction in their communities. The Michigan Department of Community Health's Comprehensive All Hazard Public Health Emergency Response Plan will be implemented in the event of an occurrence posing a threat to public health including but not limited to:

- Major epidemic/communicable disease outbreaks, including foodborne illness
- Emerging infections of public health significance
- Acts of Bioterrorism
- Chemical attacks or accidental releases
- Other weapons of mass destruction events (explosive, nuclear, radiological, etc.)
- Accidental radiological or nuclear events
- Natural disasters

### **Description and Organization of the Michigan Department of Community Health's Comprehensive All Hazard Public Health Emergency Response Plan:**

The Michigan Department of Community Health's Comprehensive All Hazard Public Health Emergency Response Plan was developed as part of the preparedness planning process to assist staff in responding to public health emergencies. The plan is consistent with the National Response Framework, National Incident Management System and Federal Emergency Management Agency guidance for emergency operations planning. It is designed to function either in a stand-alone capacity or in conjunction with other plans.

The Comprehensive All Hazard Public Health Response Plan is organized into tiers, with one Base plan, four Annexes, and multiple agent-specific Appendices.

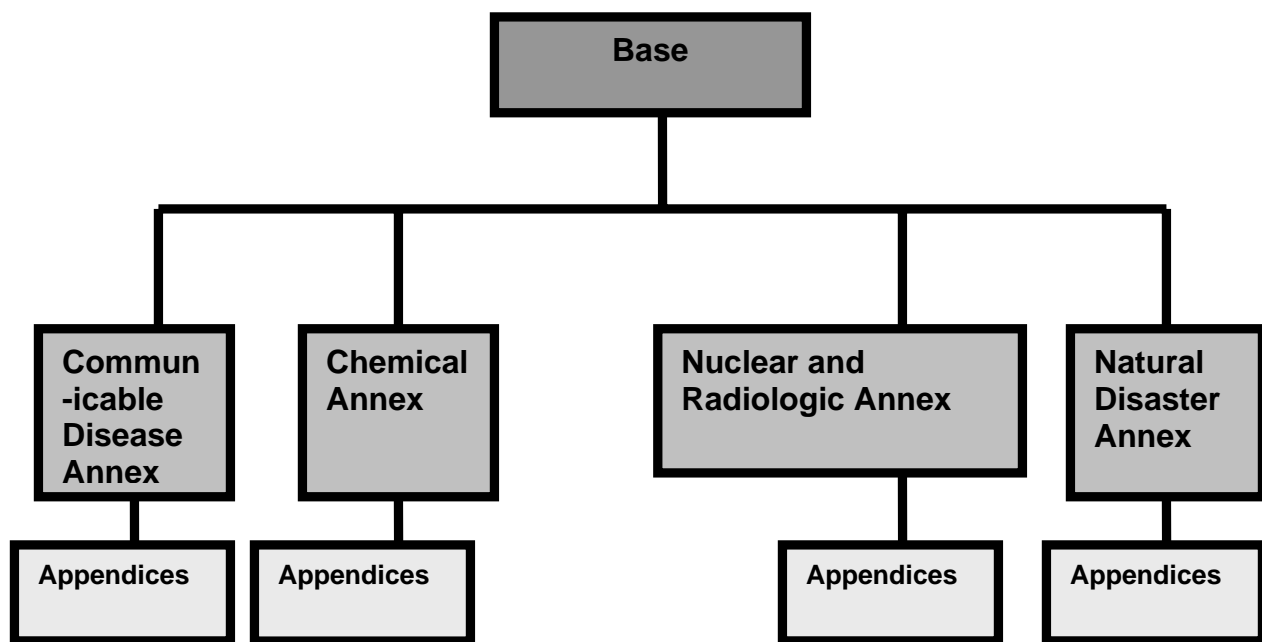
Each tier includes Attachments with more detailed information related to specific subjects or activities. (See **Figure 1**)

**Base**– Contains material common to all types of Michigan Department of Community Health response and serves as the infrastructure under which all others are built upon.

**Annexes** – Contain material pertaining to (1) Communicable Disease, (2) Chemical Terrorism and Emergencies, (3) Radiation/Nuclear, and (4) Natural Disasters.

**Appendices** – Contain material on specific public health threats, such as SARS, influenza, chemical nerve agents, and others.

**Figure 1. Structure of the Michigan Department of Community Health Comprehensive All Hazard Public Health Emergency Response Plan**



The **Base**, **Annexes**, and **Appendices** are organized into sections using a similar format. These sections describe essential functions and tasks that are part of an emergency response to be performed during a public health crisis. They are:

- Command and Management
- Crisis Communications
- Surveillance
- Laboratory Guidelines

- Community Containment
- Infection Control/Personal Protection
- Medical Management
- Data Management
- International/Border Travel Issues
- Mental Health
- Recovery/Consequence Management
- Planning/Plan Maintenance

**Communicable Disease Annex Purpose:** The Communicable Disease Annex provides general response information and disease-specific appendices for any outbreak of a disease or condition that may be considered a public health emergency. Whether the cause of an outbreak is natural, accidental, or intentional, the main goal of a public health emergency response is to minimize the impact of disease by preventing transmission to those who are not infected and decreasing the severity in those infected.

The severity of an infection varies from person to person, depending upon host factors, vaccination status, and effective treatment. While host factors cannot easily be controlled during a public health emergency, vaccination and treatment, combined with early disease recognition, can minimize both the severity of disease in individuals and the spread of disease to others.

During a public health emergency, the Michigan Department of Community Health will assist local public health and tribal health departments with response as requested. The department has developed a surveillance system that will facilitate early detection of such emergencies, but only if individual cases are reported by health care providers. Control of a public health emergency requires combined efforts by health care providers and state, local and tribal health departments. This document defines the roles of each party to facilitate communicable disease control.

**Attachments to the Communicable Disease Annex:**

- Anthrax Response Guidelines
- Botulism Response Guidelines
- Pneumonic Plague Guidelines
- Smallpox Response Guidelines
- Tularemia Response Guidelines
- Viral Hemorrhagic Fever Response Guidelines
- Michigan Pandemic Influenza Plan

**Chemical Annex Purpose:** The purpose of Chemical Annex is to delineate the specific responsibilities, actions, and procedures of the Michigan Department of Community Health staff that relate to prevention, preparedness, response, and recovery for chemical exposure events in Michigan, and to ensure the immediate availability of essential documents and scientific resources during a chemical

event. The purpose of Chemical Agent Specific Attachments are to supplement the annex by providing information on categories of specific agents that cause unique and acute health effects upon their release and to ensure immediate availability of essential documents and resources for these agents.

The guidance in the Chemical Annex supports the Comprehensive All Hazard Public Health Emergency Response Plan and is the foundation for response to chemical exposure events, regardless of magnitude. Events can range from an event that is handled locally and where the Bureau of Epidemiology has simply provided response to a technical inquiry (e.g., chronic health effects of a particular chemical), to a large-scale event when the State Emergency Operations Center and the Michigan Department of Community Health's Community Health Emergency Coordination Center are activated. It applies to chemical events that are unintentional incidents and to intentional terrorist attacks.

A chemical event or incident can directly threaten the physical health of the exposed community and cause psychological impacts among exposed and "worried well" individuals. A chemical event can threaten the health and safety of emergency responders, emergency medical personnel and workers in occupational settings, generating risk for ongoing human exposures and long-term health consequences. It may also have an indirect impact on human health, through exposures in the air, water, food, soil, or via other environmental media. A chemical release can have a delayed impact on the public's health, which could necessitate longitudinal studies of exposed populations.

**Attachments to the Chemical Annex:**

- AChE Inhibitors
- Vesicants and Caustics Including Blister Agents
- Asphyxiants Including Blood Agents
- Respiratory Irritants Including Pulmonary and Chocking Agents
- Toxin Agents

**Nuclear and Radiologic Annex Purpose:** The Nuclear/Radiological Annex of the has been developed to provide guidance to the department and other state agency staff as well as local health department officials on the coordination of public health and medical response to a nuclear/radiological incident. This annex is consistent with the National Response Framework.

The Michigan Department of Community Health serves as a support agency as described in the Michigan Emergency Management Plan for any nuclear/radiological event. However, the department is the primary agency regarding public and mental health. The Michigan Department of Environmental Quality serves as the radiation control agency of the State for incidents involving nuclear and radiological materials. The Emergency Management and Homeland Security Division of the Michigan State Police serve as the lead agency in response to Weapons of Mass Destruction and Technological Disasters. All

three state agencies will serve a primary role in response to a nuclear/radiological event. Developments of this annex of the Comprehensive All Hazard Public Health Emergency Response Plan was completed in collaboration with lead and support agencies in order to reduce any confusion or effectiveness of response.

**Natural Disaster Annex:** Under development

**Integration with Emergency Response Plans:**

- The Michigan Department of Community Health Comprehensive All Hazard Public Health Emergency Response Plan is one component in a network of emergency plans that span from the local to the federal level. The network is illustrated schematically in **Figure 2**.
- A basic premise of all emergency planning and response is that incidents are generally handled at the lowest jurisdictional level possible, and that additional resources from higher jurisdictional levels are mobilized when local resources are exceeded. Regional response is utilized to leverage scarce resources statewide.

**The National Response Plan:**

- The National Response Plan is activated by a Presidential emergency declaration.
- The National Response plan utilizes the National Incident Management System.
- The National Response Plan enables the Federal Emergency Management Agency within the United States Department of Homeland Security to coordinate the efforts and resources for response and recovery.

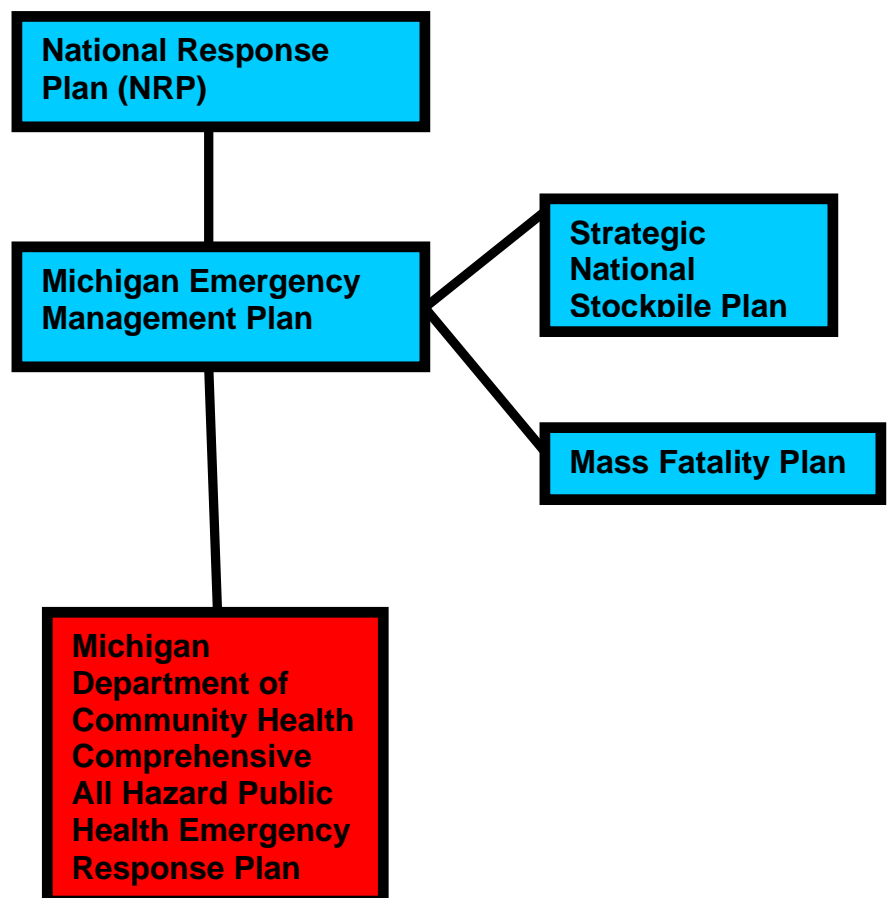
**The Michigan Emergency Management Plan:**

- The Michigan Emergency Management Plan is a comprehensive, all hazard response plan, maintained by the Michigan State Police Emergency Management Homeland Security Division.
- The Michigan Emergency Management Plan establishes the responsibilities of all state agencies in a multi-agency emergency response in Michigan.
- The Michigan Emergency Management Plan coordinates the emergency management activities of prevention and mitigation, preparedness, response, and recovery.
- The Michigan Emergency Management Plan requires each state agency to appoint an Emergency Management Coordinator to represent the agency at the State Emergency Operations Center.
- The specific roles and responsibilities of the Michigan Department of Community Health in an emergency are described in the Michigan Emergency Management Plan. (See box below)

**Primary Functions of Michigan Department of Community Health Identified in Michigan Emergency Management Plan Health Section.**

- ❑ Coordinate investigation and control of communicable disease
- ❑ Coordinate the allocation of medications essential to public health
- ❑ Issue health advisories and protective action guides to the public
- ❑ Coordinate a mental health needs assessment
- ❑ Coordinate crisis-counseling services with Community Mental Health Boards
- ❑ Coordinate participation on damage assessment teams
- ❑ Provide victim identification services/mass casualty morgue services
- ❑ Provide liaison to federal emergency health and medical programs and services (including behavioral health)
- ❑ Coordinate with the National Disaster Medical System
- ❑ Coordinate appropriate medical services
- ❑ Ensure health care facilities have emergency procedures
- ❑ Provide technical assistance in the coordination of emergency medical services
- ❑ Provide supportive radiation safety assistance

**Figure 2.** Synchronization of State and Federal Plans



## **Legal Authorities**

Legal authorities to protect the public in a public health emergency are contained principally in two statutes and their related administrative rules.

- The Michigan Department of Community Health and local health departments function under the authority of Michigan's Public Health Code, P.A. 368 of 1978.
- Act 390, Michigan's Emergency Management Act, describes the powers and duties of the Governor to declare a state of disaster or emergency in the State of Michigan. It also provides the MSP with the responsibility to implement the orders and directives of the Governor.

According to the Michigan Public Health Code, MCL 333.1101 et seq., and rules there under, 1999 ACS R 325.171 et seq., establish the power and responsibilities of the Michigan Department of Community Health and local health departments to prevent and control the spread of disease.

The Michigan Department of Community Health maintains the authority to approve a mass immunization program, and provides limited liability protection for certain health professionals who participate in the program. (Ref. 333.9203)

The Michigan Department of Community Health may "make investigations and inquiries as to "the causes of disease and especially of epidemics, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness." (Ref. 333.2221)

The Michigan Department of Community Health is authorized to "inspect, investigate, or authorize an inspection or investigation to be made of any matter, thing, premise, place, person, record, vehicle, incident, or event." The public health statute also provides the Michigan Department of Community Health with the authority to apply for a warrant to carryout this authority. (Ref. 333.2241)

The Michigan Department of Community Health may exercise authority to promulgate rules to safeguard the public health, to prevent the spread of diseases and the existence of sources of contamination, and to implement and carry out the powers and duties vested by law in the Department. (Ref. 333.2226)

## **Command and Management**

The Michigan Department of Community Health uses established systems to coordinate day-to-day activities, as well as those activities that are essential to preventing disease and preserving health in a public health emergency.



- The Michigan Department of Community Health is the lead state agency for human health issues.
- The Director of the Michigan Department of Community Health, by statute, has the overall responsibility for decision making for the department.
- The Michigan Department of Community Health supports local and tribal health departments and is a liaison between the federal and local response.
- The Michigan Department of Community Health Executive Group is comprised of:
  - The Director
  - Chief Medical Executive, who is the lead medical advisor to the Director, if the Director is not a licensed physician
  - Chief Deputy Director
  - State Epidemiologist
  - Public Health Administration Director
  - Office of Public Health Preparedness Director
  - Laboratory Director
  - Public Information Officer
- There are five major administrative units reporting to the Office of the Director.
  - Public Health Administration
  - Operations
  - Medical Services Administration
  - Health Policy, Regulation and Professions Administration
  - Mental Health/Substance Abuse Administration
- The Michigan Department of Community Health has other organizational units integral to a cohesive response to public health emergencies. These include Bureau of Health Policy, Planning and Access, Mental Health/Substance Abuse, Office of Services to the Aging, the Office of Legal Affairs, the Bureau of Health Professions, the Bureau of Health Systems and others.

#### **Michigan Department of Community Health Public Health Administration**

- Maintains the on-call after-hours system.
- The three organizational units within the Public Health Administration and their functions are:
  - The Office of Public Health Preparedness
    - Provide guidance for upgrading state and local jurisdiction's preparedness for response to outbreaks of infectious disease, public health threats and emergencies including terrorism.
    - Provide guidance for upgrading the preparedness of health care systems and collaborating entities to respond to terrorism and mass medical emergencies.
    - Maintain and operate the Community Health Emergency Coordination Center.
  - Bureau of Laboratories

- Provide clinical diagnostic and analytical services to support public health activities.
- Bureau of Epidemiology
  - Provide for communicable disease surveillance and communicable disease control.
  - Manage and distribute state supplies of vaccine and promoting the vaccination of at risk groups.
  - Provide response to public health threats from chemical exposure, including surveillance, site investigations, and public education.
- Other organizational units within the Public Health Administration will be called upon for response as needed.
- The Michigan Department of Community Health has staff on-call 24/7 to respond to public health issues according to an established set of procedures.
- The Michigan Department of Community Health has established the Community Health Emergency Coordination Center, a facility to coordinate response to public health emergencies.
- In an emergency that involves activation of the State Emergency Operations Center, the Michigan State Police will coordinate the statewide emergency response.
- The Michigan Department of Community Health's Emergency Management Coordinator is at the State Emergency Operations Center when needed and acts as a liaison between the Community Health Emergency Coordination Center and the State Emergency Operations Center.
- The Michigan Department of Community Health's Emergency Management Coordinator, at the State Emergency Operations Center, under P.A. 390 will work directly with the Director of the Michigan Department of Community Health.

## **Crisis Communications**

Crisis and Emergency Risk Communications during public health emergencies differ fundamentally from day-to-day communications activities, including the need for speed, appropriate messaging and coordination between departments and levels of government. Although a media/communications plan cannot alleviate the threat of disease transmission or other negative health consequences; good communication can guide the public, the media, and healthcare providers in responding appropriately and rapidly.

- The Michigan Department of Community Health Director is responsible for issuing health advisories and protective action guidelines.
- The Michigan Department of Community Health Public Information Officer leads the communication response for the department.
- The Michigan Department of Community Health
  - Provides accurate, consistent and comprehensive information to the general public through the media and other information outlets

- Addresses rumors, inaccuracies, and misperceptions
- Prevents stigmatization of affected groups
- Instills and maintains public confidence in the public health system and its ability to respond to and manage a comprehensive response
- Contribute to the maintenance of order, and minimization of public panic and fear.

## **Surveillance**

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of health data, including information on clinical diagnoses, laboratory-based diagnoses and/or specific syndromes. Effective recognition of a disease outbreak or other negative health event depends on the ability to identify illnesses across local, county, state and international borders.

An outbreak or an epidemic is defined as the occurrence of more cases of disease than expected, in a given area or among a specific group of people, over a particular period of time. All physicians and clinical laboratories, primary and secondary schools, childcare centers and camps are required to report the occurrence or suspected occurrence of any disease, condition or infection as identified in the Michigan Communicable Disease Rules under Section 511 of Act No. 368 or the Public Acts of 1978 to local public health authorities.

The lead for surveillance is the Michigan Department of Community Health's State Epidemiologist in the Bureau of Epidemiology.

The Bureau of Epidemiology is comprised of four divisions:

- Division of Communicable Disease
  - Responsible for communicable disease surveillance and communicable disease control
- Division of Immunization
  - Responsible for managing and distributing state supplies of vaccine and promoting the vaccination of at risk groups
- Division of Environmental Health
  - Responsible for public health threats from chemical exposure, including surveillance, site investigations, and public education
- Epidemiology Services Division
  - Epidemiologists trained to provide surge capacity for the local health departments in surveillance and follow-up health investigations
  - One regional epidemiologist is assigned to each of the eight Public Health Regional Bio-Defense regions and works with regional and local representatives on an ongoing basis to develop epidemiology capacity and prepare for a public health emergency

Epidemiologists are available 24/7 during a public health emergency to offer phone consultation to local public health officials and health care providers and will assume primary responsibility for surveillance, data management, analysis and dissemination. Epidemiologists throughout the Bureau will be temporarily reassigned to cover the epidemiological needs of a public health emergency as needed.

The Michigan Department of Community Health's Michigan Epidemiology Response and Investigation Team have been established by the Division of Communicable Disease to provide epidemiologic support to the local public and tribal health departments when requested. It will be activated as needed to augment local response capacity in accordance with the Comprehensive All Hazard Public Health Emergency Response Plan and operating under Michigan Epidemiology Response and Investigation Team protocols (under development).

In the event of a nuclear/radiological emergency, the Michigan Department of Community Health collaborates and actively participates with the Michigan Department of Environmental Quality to conduct active surveillance activities.

## **Laboratory Guidelines**

The Michigan Department of Community Health Bureau of Laboratories was established under the provisions of the revised Public Health Code – Act 368 of 1978, Part 96 (3333.9601). The role of the public health laboratory is to provide for rapid identification of etiologic agent(s), allowing the medical community to provide appropriate prophylaxis and/or treatment to minimize morbidity and mortality. Laboratory support is provided as part of the state preparedness plan for environmental or health emergencies. The lead for the Bureau of Laboratories is the Laboratory Director. The Bureau of Laboratories is comprised of two Divisions and two Sections

- The Division of Infectious Diseases
  - Microbiology Section
  - Virology Section
- Division of Chemistry and Toxicology
  - Analytical Chemistry Section
  - Newborn Screening Section
  - Trace Metals Section
- Quality Assurance Section
  - Data Accessioning and Specimen Handling Unit
  - Quality Control Unit
  - Laboratory Support Unit
- Regional Laboratory Section (located in Houghton)

The Bureau of Laboratories supplies rapid identification and investigative analyses of biological and chemical agents, regardless of the source of the exposure (e.g., accidental, terrorist or natural disaster). It ensures the capacity to

quickly and accurately handle a large volume of tests during an emergency situation and provides a rapid response triage system for hazardous contaminants in air, water, soil, and waste spills, as well as foodborne illness outbreaks.

Any Michigan local health department, licensed physician, licensed laboratory or licensed health care facility may submit clinical specimens to the Michigan Department of Community Health laboratory for testing. Some test requests must be coordinated through a local health agency or the Bureau of Epidemiology (See Comprehensive All Hazard Public Health Emergency Response Plan agent specific appendices).

The Michigan Department of Community Health does not perform any radiological laboratory analysis of environmental or human samples at this time. Michigan Department of Environmental Quality, assisted by the Radiation Safety Section, Michigan Department of Community Health, and the Michigan Department of Agriculture initially takes environmental samples during a nuclear/radiological incident of state significance. In addition, the 51<sup>st</sup> WMD Civil Support Team, through the Michigan Department of Military and Veterans Affairs, can assist with environmental sampling.

## **Community Containment**

Community containment measures restrict the movement and/or activities of persons involved in a public health emergency. Implementation of community containment protocols may be necessary to mitigate the effects of a public health emergency within the general community. The Michigan Department of Community Health will collaborate with a local or tribal health department involved in public health emergency response activities; however, the local or tribal department has the primary responsibility to protect human health within its jurisdiction.

The Michigan Department of Community Health Director initiates and enforces community containment measures. The Michigan Department of Community Health Bureau of Epidemiology develops specific situational state guidelines and recommendations for the implementation of community containment measures during a specific public health emergency.

Examples of community containment include, but are not limited to:

- Isolation, the separation and restriction of movement or activities of symptomatic persons who have a contagious disease, for the purpose of preventing transmission to others.
- Quarantine, the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to an infectious agent for the purpose of preventing transmission of disease.

It is possible for federal, state, and local health authorities simultaneously to have separate but concurrent legal quarantine power in a particular situation (e.g., an arriving aircraft at Detroit-Metro airport). Because isolation and quarantine are “police power” functions, public health officials at the federal, state, and local levels may occasionally seek the assistance of their respective law enforcement counterparts to enforce a public health order.

Section 5207 of the Public Health Code covers emergency health threats of a carrier to others. To protect the public health in an emergency, upon the filing of an affidavit by the Michigan Department of Community Health or a local health department officer, the circuit court may order a Michigan Department of Community Health representative, local health department officer, or peace officer to take an individual, whom the court has reasonable cause to believe is a carrier and is a health threat to others, into custody.

In a radiological event, large areas of contamination may require relocation or restricted access. Contaminated populations may need to be contained outside of the contaminated area in preparation for decontamination. Monitoring and assessment of the area is done by the Michigan Department of Environmental Quality with the assistance of Michigan Department of Community Health staff to identify any zones requiring relocation. Populations will have restricted access to hazardous areas and methods for minimizing the spread of contamination will be implemented.

## **Infection Control/Personal Protection**

Infection prevention and control measures are an integral part of a public health emergency response plan and are essential to ensure the safety of patients, healthcare workers and emergency responders. Each hospital and healthcare facility has existing policies, procedures and plans in place to address issues of diagnosis, evaluation, patient placement, isolation precautions, personal protective equipment, post-exposure management and communicable disease reporting.

The Michigan Department of Community Health provides infection control advice, including developing and delivering training materials to local public health and healthcare agencies/facilities upon request.

In a chemical event, Michigan Department of Community Health staff provides technical expertise as consultants to emergency responders, local health departments and other agencies potentially involved in a chemical release response. Michigan Department of Community Health staff are not trained or equipped to be first responders. They will not go into a “hot” zone. Any staff, who have received HAZWOPER training and certification, may enter the warm zone with approval of the on-scene Incident Commander to provide real-time consulting on chemical exposures.

The Michigan Department of Environmental Quality assures that all state emergency responders to a radiological event have the appropriate personal protective equipment.

## **Medical Management**

In a public health emergency, the Health Officer of the local health jurisdiction has the public health authority to request mobilization of the Strategic National Stockpile resources following incident command, through the State Emergency Operations Center. The Strategic National Stockpile, overseen by the Centers for Disease Control and Prevention, ensures the availability and rapid deployment of life-saving pharmaceuticals, antidotes, medical supplies and equipment necessary to counter the effects of biological pathogens, and chemical (including nerve) agents. Prescriptive or medical management of Strategic National Stockpile resources is the responsibility of the Michigan Department of Community Health Chief Medical Executive or the local health Medical Director. Standing orders are in place within the Strategic National Stockpile Dispensing Plan to assist the requesting Chief Medical Executive and/or medical director with uniform medication disbursement.

By statute, each county (or group of counties) is required to have a local Medical Control Authority with responsibility for establishing policies, procedures and protocols related to pre-hospital emergency care within their assigned geographic area. Each Medical Control Authority has a Medical Director and each life support agency and Emergency Medical Services provider is required to operate under a Medical Control Authority.

The Modular Emergency Medical System coordinates health care services in a public health emergency response. It involves pre-hospital, hospital, public health, and other community agencies providing a systematic, coordinated and effective medical response to meet the patient surge created in a large public health emergency. This system addresses the gap in casualty care resources that would exist if a large number of victims were to seek treatment from neighborhood area hospitals particularly during a bioterrorism or pandemic event. The Modular Emergency Medical System consists of two major components: Neighborhood Emergency Help Centers and Alternate Care Centers. The eight Regional Medical Coordination Centers are key components for integration of medical and health resources during large scale emergencies.

All issues related to diagnosis and treatment of chemical exposures by pre-hospital personnel will be directed to the governing Medical Control Authority. The field of medical toxicology generally covers medical diagnosis and treatment of adverse health effects of chemical exposure. As with other medical disciplines, there is an extensive body of scientific literature upon which diagnosis and treatment protocols and decisions are based. Michigan Poison Control Centers have medical toxicologists available 24/7. Medical practitioners may use these services at the PCCs to obtain advice on the diagnosis and

treatment of chemical exposure in their patients.

The Michigan Emergency Drug Delivery and Resource Utilization Network bridge the gap between local resources and the arrival of the SNS. It rapidly delivers medications and supplies to hospitals and other sites, ideally within one hour of request. This enhances the capacity of Michigan's hospitals to respond to an incident by providing caches of pharmaceuticals, critical medical supplies, and specific personal protective equipment.

CHEMPACK, established under the Strategic National Stockpile, forward places a sustainable resource of nerve agent antidotes throughout the United States, including designated Michigan sites. It will be activated through established procedures when a supplemental, sustainable source of nerve agent/organophosphate antidotes is needed for large-scale events.

Radiological incidents may not be immediately recognized as such until the radioactive materials are detected or the effects of radiation exposure are manifested in the population. Contaminated individuals who are injured will need medical attention. Individuals who have significant internal contamination will need medical attention and follow up. Each hospital has nuclear medicine departments with radiologically trained staff. These hospital staff have expertise and can provide guidance on decontamination procedures and health impacts. They can assist with limited onsite public monitoring and may be able to assist with large-scale public monitoring and triage activities outside of the hospital.

## **Data Management**

The Michigan Department of Community Health utilizes data management protocols on a day-to-day basis, as well as procedures for maintaining security and confidentiality, which need to be maintained throughout any public health emergency. Data is maintained with strict confidentiality and in compliance with the Health Insurance Portability and Accountability Act standards, as applicable. However, most Michigan Department of Community Health data is not regulated under the Health Insurance Portability and Accountability Act.

## **International/Border Health**

The United States Department of Homeland Security is the agency with authority related to travel across all international borders and related to entering any international ports, including air and water. Events, which require closing of borders between individual states, are handled by local law enforcement. Any decision to close borders would be made at the State Emergency Operations Center. Public health emergencies occurring on tribal land are the responsibility of the tribal organization. Some Mutual Aid Agreements have been developed between local or state health or emergency agencies and tribes. In instances where pre-arranged Mutual Aid Agreements have not been developed, Local or



State Health organizations may provide services on tribal land upon the invitation of the tribe.

The United States Department of Health and Human Services Secretary has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States (e.g., international ports of arrival) and from one state or possession into another. During a large public health emergency, the Centers for Disease Control and Prevention will provide the United States Department of Homeland Security, United States Customs and Border Protection personnel with instructions and guidance on screening travelers crossing the international borders.

## **Disaster Mental Health**

Michigan's mental health system is heavily dependent on its local system of managed care providers (Prepaid Inpatient Hospital Programs and Community Mental Health Agencies). The state funds these local agencies through federal Medicaid funds and state resources (general fund). Eligible individuals receive care as necessary and appropriate from these local organizations. The local Prepaid Inpatient Hospital Programs or Community Mental Health Agency is utilized to determine local resources and is expected to take actions as necessary under the local emergency management plan.

Volunteer agencies such as the Red Cross and the Michigan Crisis Response Association offer mental health care services to the public and emergency responders respectively.

## **Consequence Management**

Consequence management refers to those activities that should be considered by local, regional, state and federal agencies as communities attempt to return to pre-event status. Consequence management occurs in three phases: Short-term Recovery, Intermediate Recovery (Humanitarian Relief) and Long-term Recovery. Recovery activities may vary depending upon the type of public health emergency.

During recovery from a communicable disease event, the Michigan Department of Community Health continues to coordinate the investigation and control of communicable disease, implement a post-event vaccination program, as required and allocates medications essential to public health. The Michigan Department of Community Health issues public health advisories and protective action guidelines to the public as needed to address recovery issues, provides laboratory services to augment disease control activities and coordinates victim identification/mass casualty morgue services.

In a chemical event, Michigan Department of Environmental Quality utilizes its

expertise to support response and recovery activities locally. Recommendations are provided in consultation with the Michigan Department of Environmental Quality, in areas where the Michigan Department of Environmental Quality has primary responsibility (e.g., safe levels of contaminants in public water supplies). The Michigan Department of Community Health provides consultation on health effects of environmental exposures to chemical warfare and industrial chemical agents, including identification of susceptible populations (e.g., the very young, the elderly, pregnant women, and immunocompromised individuals).

In a radiological event, the Michigan Department of Environmental Quality provides guidance on contaminated areas with protective action recommendations and insight into long and short-term impacts and potential health effects. Recovery may require various remediation techniques and will be a joint effort of state, local and federal resources via the Multi-agency Coordination System.

### **Planning/Training/Evaluation**

The Michigan Department of Community Health's Comprehensive All Hazard Public Health Emergency Response Plan, all annexes and attachments are reviewed annually. Updates are made after changes in organizational structure, resources, best practices or new science occurs. Each Bureau/Division/Office reviews their respective sections of the Comprehensive All Hazard Public Health Emergency response Plan to certify completeness and accuracy.

Plan related training activities are coordinated specific to Centers for Disease Control and Prevention and the Office of Assistant Secretary for Preparedness Response guidance as related to the Comprehensive All Hazard Public Health Response Plan. The Michigan Department of Community Health staff and contractors are oriented to the plan. The Comprehensive All Hazard Public Health Emergency Response Plan and its implementation is evaluated following scheduled response exercises. An After Action Report will be developed to correct identified deficiencies in the areas of training, procedures, equipment, and/or mutual aid mechanisms, after completion of training and/or exercises. A Corrective Action Plan will be developed and implemented based on lessons learned from actual incidents or from training and exercises. All changes determined by an After Action Report or a Corrective Action Plan will be incorporated into the plan.